

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4			1				54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13			1				63						
14			1				64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
23			1				73						
24			1				74						
25			1				75						
26			1				76						
27			1				77						
28			1				78						
29			1				79						
30			1				80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		4								
TOTAL DEP.	34	←	33	←									
TOTAL CLAIMS	35	↓	34	↓									